

## Work-Study Re-Evaluation 2020-2021

<b>Name:</b> _____	
<b>Date of Birth:</b> _____	<b>MSU ID #:</b> _____
<b>E-mail:</b> _____	<b>Phone Number:</b> _____
I affirm that I have read, understood, and agreed to this form in its entirety and that the information supplied is true and complete.	
<b>Signature:</b> _____	<b>Date:</b> _____

**Indicate the semester to which this re-evaluation applies:**

- Fall 2020     
  Spring 2021     
  Summer 2021

**I Would Like To:**

- INCREASE** My Work-Study Award (If I am eligible and **funding is available**)  
 **CANCEL ALL** My Work-Study  
 **REDUCE** My Work-Study  
 **CHANGE TYPE** of Work-Study Funding (Please provide reason for change, as well as new supervisor information, including name, email address and phone number if you are changing employers.)

**Are You Currently Employed?**

- No**  
 **Yes** - Your supervisor must sign the certification on the back of this form acknowledging the cancellation, reduction or increase of work-study funds.

**Please indicate the amount you want Cancelled, Reduced or Increased**

<b>Fall</b>	\$ _____	<b>Spring</b>	\$ _____	<b>Summer</b>	\$ _____
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*WE WILL NOT REDUCE YOUR WORK-STUDY TO LESS THAN \$1500 FOR A SEMESTER*

**FORM CONTINUED ON BACK**

**Supervisor acknowledgment:**

I agree to the requested adjustment and affirm that I will monitor this student's work-study funds accordingly.

Supervisor Printed Name: \_\_\_\_\_

Campus Box #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_